

Outcomes

- Decreased utilization of inpatient facilities
- Sustained improvements in mental health
- Improvement in school attendance
- Improvement in academic achievement
- Reductions in placements in juvenile detention and other secure facilities

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) May 2006 report on children served in systems of care.

"There has been a huge shift in our county support to maintain children in the community."

- Human Services Director

Financial Savings

Twenty-eight of 32 CST sites surveyed in 2005 identified financial savings. Below are selected comments:

- In 2001, we had 16 youth at Lincoln Hills (correctional facility for youth) at a cost of \$937,267. Since then, placements have dropped to 1 youth at Lincoln Hills at a cost of \$47,994.
- The number of children placed in out-of-home care went from 375 children in 2001 to 217 children in 2005.
- As of 11/30/05, we've spent \$27,420 on services to keep children in homes. The estimated cost of out of home placement, either residential, treatment foster care, or regular foster care would be \$167,008.

Comments from families:

- "My input is respected and I feel I am an important part of the team."
- "We receive encouragement and support from all of the team members."
- "We have become much better at problem solving."
- "We have developed trusting relationships."

Comments from service providers:

"When dealing with a child who is diagnosed with a severe emotional disability and involved in multiple systems, it is more important to organize people to work with the family and each other than to provide individual sessions of psychotherapy with the child."

- Ph.D. Psychologist

"It is great to work as a team with parents, students, county agencies, physicians, school officials, and other community members all focused on helping the family be successful."

- Elementary School Principal

"No one person has to feel like they're the 'Wizard of Oz'. Instead, the entire group pools their resources to provide multiple ways to meet needs."

- Special Education Teacher

"Team membership allows officers to change roles and become more helpful to families"

-Chief of Police

The Coordinated Services Team Initiative (CST)



Vision: To implement a practice change and system transformation in Wisconsin by having a strength-based, coordinated system of care driven by a shared set of core values, that is reflected and measured in the way we interact with and identify resources for families who are involved in multiple systems.

For more information, contact:

White Pine Consulting Service
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Phone: (715) 258-5430
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Or visit our informational website:

www.wicollaborative.org

Providing support and resources in a collaborative, family-centered, and strength-based way not only leads to meaningful outcomes for individuals, families and community, it also reduces duplication and is a more effective use of limited resources.

Core Values

- Family-Centered
- Consumer Involvement
- Builds on Natural and Community Supports
- Strength-Based
- Unconditional Care
- Collaboration Across Systems
- Team Approach Across Agencies
- Ensuring Safety
- Gender, Age, and Culture Responsiveness
- Self-Sufficiency
- Education and Work Focus
- Belief in Growth, Learning, and Recovery
- Oriented to Meaningful Outcomes

"People are now looking at what my son can do instead of what he can't do."

- Parent Involved in CST

Family/Consumer Role

- Families/consumers are partners at all levels. Families are:
- Active and essential members on individual child and family teams.
 - Active members on state and local policy/decision-making committees

The Coordinating Committee

Each CST site develops and supports a Coordinating Committee made up of parents/consumers and representatives from agencies and organizations serving children and families.

Responsibilities include:

- Development of policies and procedures such as those governing target population selection, referral and enrollment, conflict resolution, and service coordination.
- Development of an interagency service agreement
- Development and implementation of a plan for sustainability
- Evaluation and quality assurance, including family and provider satisfaction

"Working as a team gave us a perspective that no professional working alone could have figured out."

- Intensive In-home Therapist

The Child and Family Team

Teams have a balance of informal support people (such as relatives, friends and neighbors) and service providers (such as therapist, teacher, and social worker). Parents/consumers are always primary team members.

Team members:

- Have a role in the life of the child and/or family
- Are supportive of the child and family
- Are supported for membership by the parent
- Are committed to active team involvement

Phases of Team Involvement

Strengths and Needs Assessment

The team completes an Assessment Summary of Strengths & Needs.

Plan of Care Development and Crisis Response Planning

The team develops an individualized Plan of Care based on identified strengths and needs, including Crisis Response Plans for home, school, and community.

"Crisis Response Plans...have had a very positive impact on the system, helping keep kids out of alternative care."

- Human Services Director

Ongoing Monitoring

The Plan of Care is implemented; team members provide ongoing support.

Transition & Closure

The team plans for transition from the formal CST process.

CST Sites

A number of counties and tribes across Wisconsin receive funds to develop or expand the CST initiative.

For a list of current CST sites, including contact information, please visit our website:

www.wicollaborative.org

Click on the "Contacts" link at the top of the home page.

Biographical Information

Dan Naylor, Coordinated Services Team Specialist
White Pine Consulting Service
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Waupaca, WI 54981
Phone: (715) 258-5430
Email:
Website:

Dan is the state Coordinated Services Team Specialist currently supporting over 40 Counties and Tribes across Wisconsin in the development of collaborative systems of care for children, families, and adults with multiple needs. After serving in the military, Dan has spent over 30 years in Human Services providing consultation and training in Wisconsin and nationally on subjects that include the development and implementation of integrated human services, team building, conflict resolution and strategic planning. He has personally facilitating over 1,000 family team meetings and hundreds of coordinating committee meetings.

Past positions include directing a Vietnam Veterans service center, an adult correctional halfway house, a three county AODA prevention and treatment agency including a residential center for youth. Dan has served on many local and state boards including the Lakeland Union High School Board of Education and has just been appointed by the Governor to serve on the state Board of Veterans Affairs. Dan has a Bachelors Degree in management and Masters Degree in public administration.

Dan and his wife Mary – an Assistant Director with Head Start in Stevens Point, are the parents of three children - Joe, a state Vocational Rehabilitation Counselor for disabled veterans; Laura, an Activities Director for a program working with adults with special needs and Andy, an Education Specialist serving in the Peace Corps in South Africa.

**Public Hearing Comments
Submitted to the Committee on Children and Family Law
Thursday, February 21, 2008**

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Collaborative Systems of Care for Families With Children Involved in Multiple Systems

Objectives

- Provide the right resources at the right time for the right people.
- Build a strong foundation for combining our best ideas, insights and innovations in a model that guides continued growth and improvement for the children, family and community.
- Provide a forum, through the Coordinated Services Team Initiative (CST) for this process to be developed and implemented, allowing everyone involved to identify and attain meaningful outcomes.

Facts about Children and Youth with Mental Health Needs

- The high school non-completion rate for children with emotional and behavioral disorders is 56%, highest of all disability groups (O'Leary, Wisconsin Statewide Transition Conference, 2004).
- At admission to Wisconsin Juvenile Justice Institutions, over half of the males are about four grade levels behind their peers in both reading and math (Silvia Jackson, Wisconsin Division of Corrections, July, 2007)
- Approximately 75% of males at Lincoln Hills School and Ethan Allen School present mental health needs (Silvia Jackson, Wisconsin Division of Corrections, July, 2007).

In 2006:

- Over 3,400 children and family members were served
- Referral sources included: schools 21%, mental health 20%, child welfare 20%, families 15%, juvenile justice 14%, AODA 2.5 %, other 7.5%
- Males 63%, Females 37%

Selected Outcomes for Children and Youth Served by Coordinated Services Team Initiatives (CST) and Integrated Services Projects (ISP) 2003 – 2006

Source: Wisconsin Bureau of Mental Health and Substance Abuse Services; based on the analysis of data submitted by 24 counties with ISP and/or CST, on a quarterly basis.

- Of 40 children residing in a correctional facility, state mental health institute, inpatient treatment setting or residential treatment setting at the time of enrollment, 88% were in less restrictive settings at disenrollment.
- Of 550 children living with their parents, relatives, or friends at time of enrollment, 91% were maintained in these settings at disenrollment; an additional 5% were placed in foster care or group home settings. *(Note that one of the qualifications for enrollment is "at risk of or in out-of-home placement".)*
- Of 922 children served between 2003 – 2006 for whom evaluation data were available, 68% had no involvement with the juvenile justice system while involved in ISP/CST.

Quotes from Families and Resource People

"People are now looking at what my son can do instead of what he can't do."

- A Parent Involved in Wraparound

"With the help of wraparound, I was able to focus on short and long term goals. The team was able to point me towards resources that I never knew about."

- A Parent Involved in Wraparound

"When dealing with a child who is diagnosed with SED [Severe Emotional Disability] and involved in multiple systems, it is more important to organize people to work with the family and each other than providing individual sessions of psychotherapy with the child."

- Ph.D. Psychologist

"The wraparound project allows families to sit down with multiple agencies to develop a plan of care to address their specific needs. It is great to work as a team with parents, students, county agencies, physicians, school officials and other community members all focused on helping the family be successful."

- Elementary School Principal

"No one person has to feel like they're the "Wizard of Oz". Instead, the entire group pools their resources to provide multiple ways to meet the needs."

- Special Education Teacher

"I find the CST process to be a worthy one. In today's society, we need more than one avenue to solve a problem, to offer help and assistance, and to get the job done."

- Special Education Teacher

"Working with the family as a team gave us [in-home therapists] a perspective that no professional working alone could have figured out."

- Intensive In-home Therapist

Impact of the Collaborative System of Care Approach on La Crosse County's Emergency Response System

As part of their development of a Collaborative System of Care, La Crosse County has implemented a collaborative approach to developing Emergency Response Plans. Through this process, they have been able to divert a significant number of children and adolescents from institutional placements. When the collaborative emergency response process was implemented in 2003, only 51% of children and youth who received crisis support services were diverted from institutional placement. Data through July of 2007 show that 87% of youth who received crisis support services were diverted from institutional placement.

An average intervention costs approximately \$240 compared to a hospital emergency room cost of \$1,000 and an assessment of \$400. If the child is sent to Mendota or Winnebago Mental Health Institute the cost is \$700+ per day in addition to transportation costs often by law enforcement.

Manitowoc County Data on Youth Placed in the Juvenile Correctional System

In 2001, Manitowoc County spent \$937,267 for the placement of 16 youth at Lincoln Hills Correctional facility. In October 2002, Manitowoc received grant funding to develop the Coordinated Services Team (CST) initiative. By the end of 2006, there were only 2 youth placed at Lincoln Hills at a cost of \$74,095 – an 87% reduction in number of youth placed, and a 92% cost reduction from 2003.

National Data – Includes Data from Wraparound Milwaukee

According to data released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in May of 2006, children and youth with serious mental health needs who are served in systems of care that provide community-based services and supports make substantial improvements at home, at school, and in the community. Selected outcomes are summarized below:

- ***Decreased utilization of inpatient facilities.*** The percentage of children who used inpatient facilities within the previous 6 months decreased 54% from entry into systems of care to 18 months of involvement in systems of care.
- ***Mental health improvements sustained.*** Emotional and behavioral problems were reduced significantly or remained stable for nearly 90% of children after 18 months in systems of care.
- ***School attendance improved.*** The percentage of children with regular school attendance (i.e., 75% of the time or more) during the previous 6 months increased nearly 10% with 84% attending school regularly after 18 months in systems of care.
- ***School achievement improved.*** The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21% with 75% of children passing after 18 months in systems of care.

The Power of Parent to Parent Support

- Parent to parent support provides help in seeing hope for the future, feeling less alone, seeing positives in the situation, acceptance of the child's diagnosis, seeing family strengths, and dealing with stress. (Santelli et al., 1997)
- Support for parents has been found to facilitate attachment and lessen parental stress, anger and depression. Kendall – Tackett & Kantor, 1993)
- Peer support as found to be helpful by over 80% of parent utilizing the services; it increased parents' sense of being able to cope and their acceptance of their situation. (Kerr & McIntosh, 2000)
- Parent to parent support is a means for helping parents feel less isolated, for providing empathy by those who truly understand, and for providing hope in what may seem a hopeless situation. (Shelton et al., 1987)

Monthly rates for:

Mendota Mental Health Institute	\$22,740
Winnebago Mental Health institute	\$21,150
Lincoln Hills	\$ 8,040
Residential Care Centers	\$ 7,200 - \$8,610
Group Homes	\$ 3,000 - \$9,000
Foster Care	\$ 440 - \$ 756

Annual rates for:

Mendota Mental Health Institute	\$272,880
Winnebago Mental Health institute	\$253,800
Lincoln Hills	\$ 96,480
Residential Care Centers	\$ 86,400 - \$103,320
Group Homes	\$ 36,000 - \$108,000
Foster Care	\$ 5,280 - \$ 9,072

Selected quotes regarding financial savings

- The number of children placed in out-of-home care went from 375 children in 2001 to 217 children in 2005.
- In 2000 we had 17 youth at Lincoln Hills at a cost of \$734,255. Since then placements have dropped to one youth at Lincoln Hills at a cost of \$47,994.
- Involvement in the team process reduces the length of out-of-home placements, and also prevents placement the estimated cost saving for the first six months of 20067 was \$242,939.

- The county has been able to save in the neighborhood of \$300,000 per year in out of home placement costs. Much of this cost savings can be attributed to Integrated Services Project keeping children in the community rather than in out-of-home placement.

Impact of the Wisconsin's Urban/Rural Women's Alcohol and Other Drug Abuse (AODA) Treatment Project

Since 2000, the Urban/Rural Women's AODA Treatment Project has provided grants for eight women and family-centered treatment programs across the state. The project serves adult women in need of AODA treatment who are also involved in at least one other formal service system.

The project has consistently and effectively addressed multiple barriers outside the realm of traditional substance abuse treatment by using a system of care approach, maximizing the strengths of the family, informal supports and the community, creating family teams, assessing the family as a single unit, and providing comprehensive treatment services in a safe environment.

Selected project outcomes are summarized below, and reflect discharge data as reported after four to six months in primary AODA treatment.

Source – Wisconsin Department of Health and Family Services website (<http://dhfs.wisconsin.gov>).

- Decrease in Alcohol and/or Substance Usage 83%
- Decrease in Criminal Justice Involvement 73%
- Improvement in Employment 55%
- Improvement in Living Situation 57%

Outcomes for Youth Involved in the Wraparound Process

Study Summary	Outcomes
<p>Randomized control study (18-months) of youth in child welfare custody in Florida: 54 in wraparound vs. 78 in standard practice foster care.</p> <p><i>Citations:</i> Clark, Lee, Prange & McDonald, 1996; Clark et al., 1998</p>	<p>Significantly fewer placement changes for youths in wraparound; fewer days on runaway, fewer days incarcerated, and older youths were significantly more likely to be in a permanency plan at follow-up. Boys in wraparound showed significantly greater improvement on externalizing problems than boys involved in standard practice foster care.</p>
<p>Matched comparison study (18 months) of youth in child welfare custody in Nevada: 33 in wraparound vs. 32 receiving traditional mental health services.</p> <p><i>Citations:</i> Bruns, Rast, Walker, Bosworth, and Peterson, 2006; Rast, Bruns, Brown, Peterson, and Mears (in submission)</p>	<p>After 18 months, 82% of youth who received wraparound moved to less restrictive environments, compared to only 38% of youth who received traditional mental health services. Family members were identified to provide care for 11 of the 33 youth in the wraparound group compared to only six in the comparison group. Average scores on the Child and Adolescent Functional Assessment Scale for youth in wraparound decreased significantly across all waves of data collection (6, 12, and 18 months) in comparison to the group receiving traditional mental health services. More positive outcomes were also found for the wraparound group on school attendance, school disciplinary actions, and grade point averages. No significant differences were found in favor of the comparison group.</p>
<p>Randomized control study (18 months) of "at risk" and youth involved in juvenile justice (adjudicated) in Ohio: 73 in wraparound vs. 68 in conventional services.</p> <p><i>Citations:</i> Carney & Buttell, 2003</p>	<p>Study supported the hypothesis that youth who received wraparound services were less likely to engage in subsequent at-risk and delinquent behavior. The youth who received wraparound services did not miss school unexcused, get expelled or suspended from school, run away from home, or get picked up by the police as frequently as the youth who received the juvenile court conventional services. There were, however, no significant differences, in formal criminal offenses.</p>
<p>Matched comparison study (>2 years) of youth involved in juvenile justice and receiving mental health services: 110 youth in wraparound vs. 98 in conventional mental health services.</p> <p><i>Citations:</i> Pullmann, Kerbs, Koroloff, Veach-White, Gaylor, and Sieler, 2006</p>	<p>Youths in the group receiving conventional mental health services were three times more likely to commit a felony offense than youths in the wraparound group. Of the youth in wraparound who did serve detention, they did so significantly less often than their peers. Youth involved in wraparound also took three times longer to recidivate than those in the comparison group. According to the authors, a previous study by Pullman and colleagues showed "significant improvement on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community" among youth involved in wraparound.</p>

Source: California Evidence Based Clearinghouse for Child Welfare: Relevant research on the wraparound process
March 2007

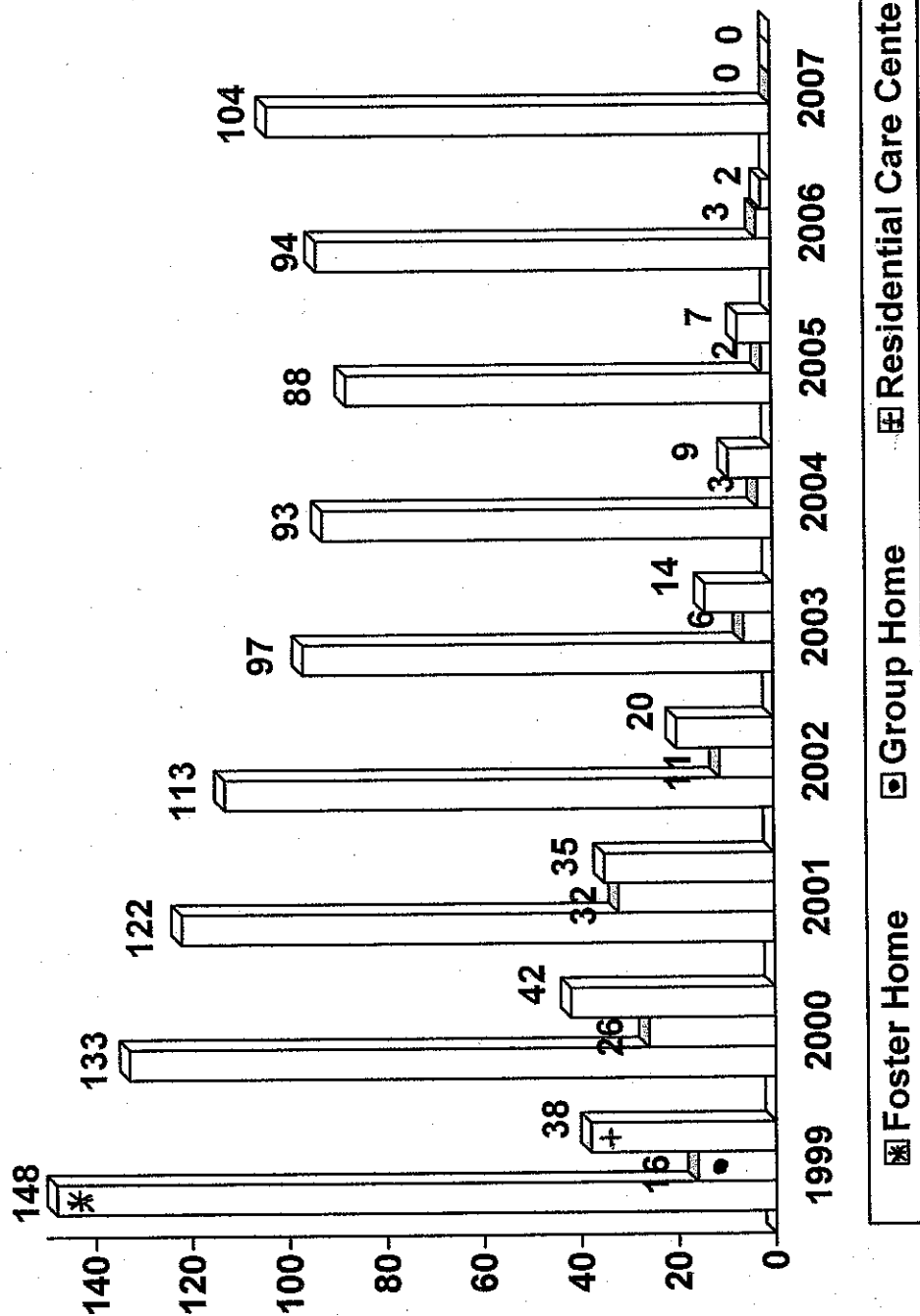
Upcoming Pres/Handouts/outcomes in wraparound

MANITOWOC COUNTY

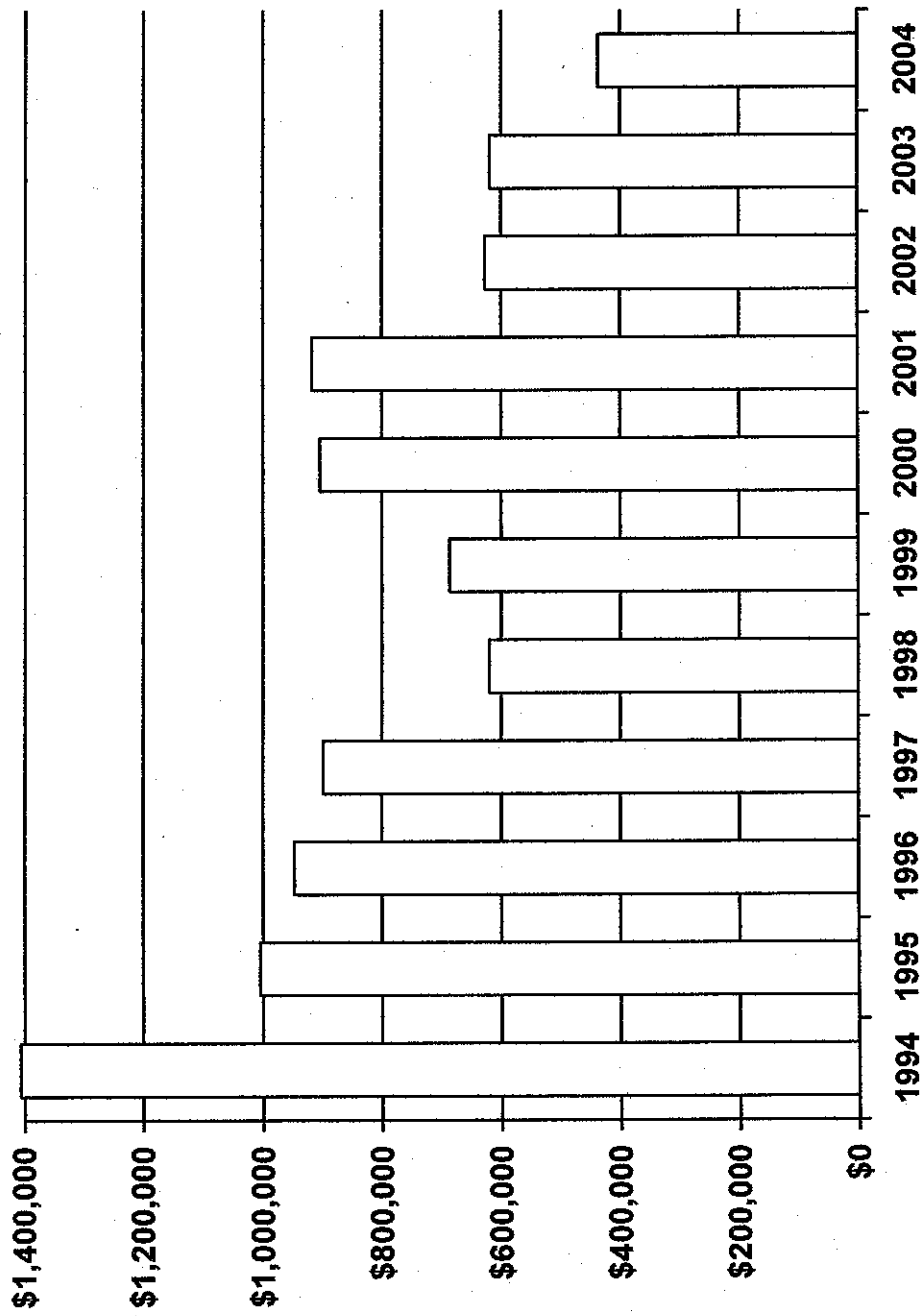
1999-2007

YOUTH PLACED IN FOSTER HOMES, GROUP HOMES AND RESIDENTIAL CARE CENTERS

Number of Children



**Cost of all Court Service and Youth Aides Out-of-Home Placements
Waupaca County 1994 - 2004**



**Evaluation of 28 Families Served by the Coordinated Services Team Initiative (CST)
Calumet County 1999 – 2002**

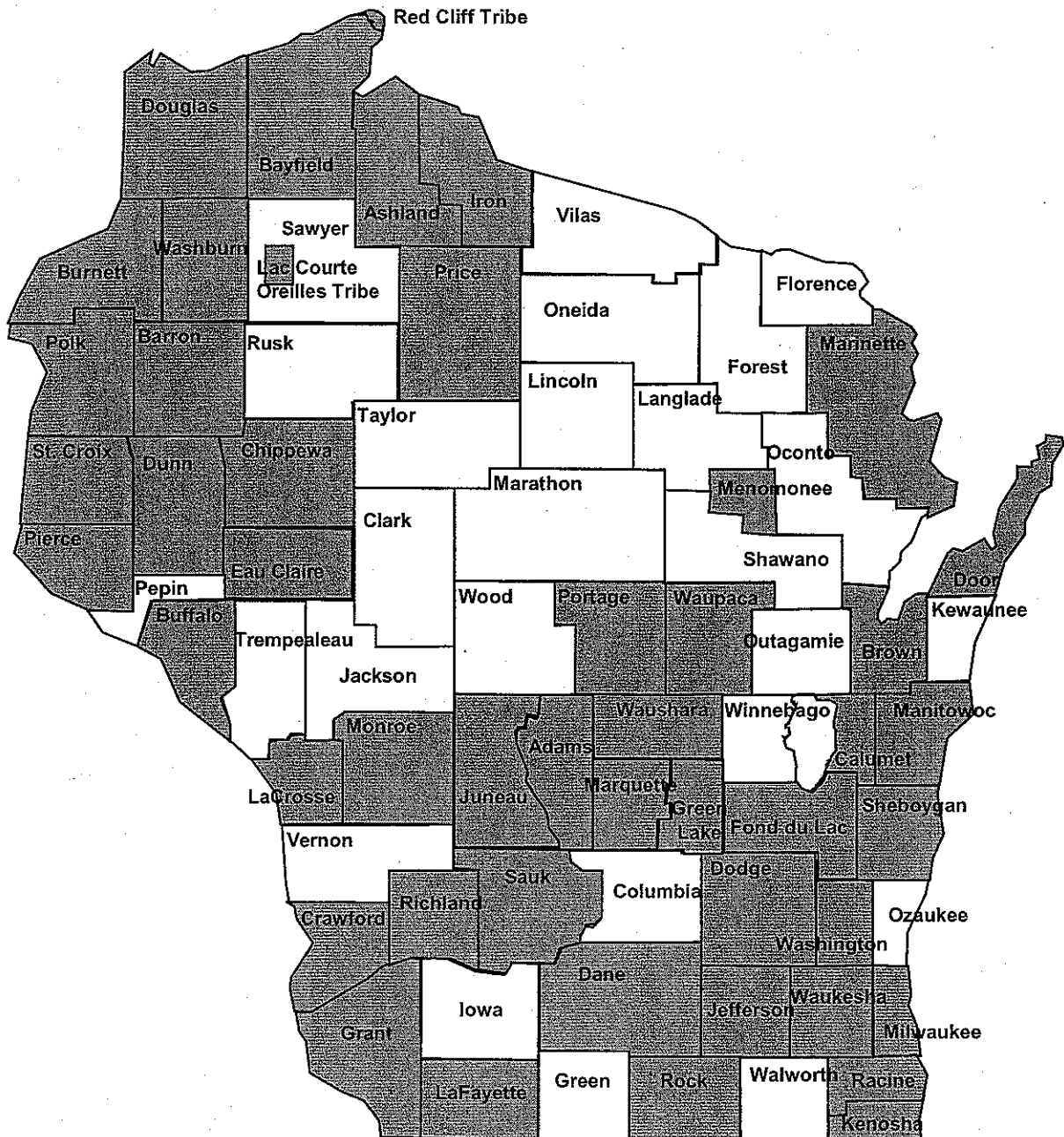
	Mental Health Related Hospitalizations			Youth Out-of-Home Placements*			Juvenile Justice Offenses	Incidents of Child Maltreatment
	Number of Admissions	Days of Care	Average Length of Stay	Number of Admissions	Days of Care	Average Length of Stay		
Pre CST Enrollment	40	1289	32 days	9	2203	245 days	60	14
Post CST Enrollment	4	17	4 days	16	1697	106 days	46	5

* Includes placements in foster care, group homes, residential care centers, and correctional facilities

- Although county human service departments don't pay for the cost of most hospitalizations of children, there are major savings to the State Medical Assistance Program as a result of Coordinated Services Team initiative. The savings to Medical Assistance 1999-2002 for Calumet County are estimated at \$763,000.
- The savings to Calumet County in out-of-home placement costs were \$210,000 in the first year (1999) of CST implementation and \$470,713 by the fourth year (2002).

Wisconsin's Collaborative Systems of Care Serving Children and Families

Updated November 2007






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MEMORANDUM

TO: Honorable Members of the Assembly Committee on Children and Family Law

FROM: Sarah Diedrick-Kasdorf, Senior Legislative Associate 

DATE: February 21, 2008

SUBJECT: Support for Assembly Bill 700

The Wisconsin Counties Association supports Assembly Bill 700, which expands coverage for participation in the coordinated services program; provides funding to begin to phase in the remaining counties and tribes that do not currently operate an integrated or coordinated services program; and makes numerous other programmatic changes.

The benefits of participating in a coordinated services team are numerous. First and foremost, children and families benefit from participation by eliminating out-of-home placements, as well as by addressing the needs of the family as a whole, rather than just focusing on the needs of one member. The state also benefits from coordinated service teams through the elimination of costly hospitalizations, saving dollars in the state Medicaid program. Counties also benefit financially as well through a decrease in costly out-of-home placements. The taxpayers of Wisconsin benefit through the savings realized by the state and counties.

The funding provided in the bill is a small investment by the state that will have a much greater return through better outcomes for children and families, as well as financial savings for the taxpayers of this state. A small investment in the lives of children today goes a long way in ensuring a healthy, safe and productive future for upcoming generations.

WCA respectfully requests your support for Assembly Bill 700.

Thank you for considering our comments.

February 17, 2008

Senator Roger Breske
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Breske,

I am writing you to request your support for Assembly Bill 700:

Relating to: children with severe disabilities or who are involved in multiple systems of care, or both, and their families and making an appropriation.

The hearing is set for this Thursday, February 21st. Since I will be unable to attend, please consider this letter my testimony.

My involvement in Wisconsin's Children Come First initiative started in 1997 as a parent advocate when Vilas County received an ISP grant to coordinate services for children with severe emotional disorders and involved in multiple systems.

Shortly after, our tri-county system of Forest, Vilas & Oneida joined Marathon, Lincoln & Langlade Counties to apply for a Federal "Systems of Care" grant which continued until 2004. When the federal grant ended, our tri-county Human Service Center board decided not to sustain the wrap-around program.

The process of wrap-around works for children and families and is essential to help children succeed, families stay together and communities, state and our country as a whole benefits. Wisconsin's Collaborative Systems of Care go by many names: the Coordinated Services Team Initiative (CST), Wraparound, the Integrated Services Projects (ISP), and "Children Come First" are all approaches to respond to individuals and families with multiple, often serious needs in the least-restrictive setting possible.

Wisconsin's counties are strapped financially and while they would like to continue the process, find it difficult to sustain the program once the state grant ends. This especially true in rural counties where services and availability of resources are scarce.

Please support AB 700 for Wisconsin's children as in addition to helping children and families, in the end will save taxpayers money by making our youth productive citizens and reduce costly out of home placements including incarceration.

Sincerely,

Jackie Baldwin
Family Advocate, Wisconsin Family Ties
PO Box 268, 170 State Hwy 70 East
St. Germain, WI 54558

CC: Representative Carol Owens, Chair, Assembly Committee on Children and Family Law
Representative Steve Kestell, Chair Strengthening Wisconsin Families

**Testimony to the Assembly Committee on Children and Family Law
AB 700**

**Shel Gross, Director of Public Policy
Mental Health America of Wisconsin
(formerly the Mental Health Association)**

Mental Health America of Wisconsin (MHA) urges your support for AB700 relating to *Collaborative Systems of Care for Families who are Involved in Multiple Systems of Care*. This legislation was proposed by the special committee on Strengthening Wisconsin Families.

This bill would modify current statutory language for creating integrated service projects (ISPs). In changing this program to coordinated service teams (CSTs) the bill expands the target group that can be served through the program to allow youth and families to receive intervention early than they might currently, potentially before problems in the family become more serious. The bill also incorporates best practices from the many years the state has administered these program grants by requiring the role of the CST Project Coordinator, providing funding for peer support, and providing for ongoing training and technical assistance.

These types of collaborative systems of care have been shown to be very effective both in Wisconsin and nationally in helping keep families together, reducing juvenile justice system involvement and improving school attendance and functioning. However, CSTs currently receive limited funding and it has been difficult to expand the program to additional communities. By providing additional funding this bill will bring the benefits of CSTs to more youth and families.

Expansion of CSTs has been a priority for the Wisconsin Council on Mental Health (WCMH), which supports this bill. MHA is represented on the WCMH. I am also on the Board of the Wisconsin Prevention Network, which is also supportive of this legislation.

Thank you for your consideration of this legislation.

Senator Roger Breske
Room 316 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Breske,

I am writing to you to request your support for Assembly Bill 700:

Relating to: Collaborative Systems of Care for Families who are Involved in Multiple Systems of Care.

The hearing is set for this Thursday, February 21st. Since I will be unable to attend, please consider this letter my testimony to be entered into the record and to distribute copies to all members.

My involvement in Wisconsin's Children Come First initiative started in 2002 when I was hired by Iron County as their CST Project and Service Coordinator. I had no idea how important this job would become to the many families that Iron County serves through its CST process.

Our CST families are comprised of children with severe mental/emotional/behavior disabilities. These families and their children have been stigmatized by these conditions. The families have difficulty doing anything that normal families are able to do from going grocery shopping with their children to attending Sunday worship services as a family because of the severe issues faced by their child and the misunderstandings that abound in society today about mental health issues.

Not only are these families ostracized from many community functions and from their neighbors and friends, they are oftentimes ostracized from their own extended families. Too few people understand these issues as they pertain to children. Rather than work with the families and children, they request that these children are not in plain view. We are talking about a segment of society who are isolated to their own homes as their children's conditions worsen.

Schools are particularly bad places for our children and families. Our children's behaviors are usually out of the realm of what most of our teachers have been trained to deal with. Other children are afraid, the rest of the staff is afraid, and in response to this fear, our children are constantly sent home, expelled, or sent out of county to residential facilities. Many of the families of these children are blamed for bad parenting practices. None of these solutions are conducive to solving the mental health issues that plague these children and their families. None of these solutions provide the environment needed to raise these children in their own communities or give them the tools to lead healthy, meaningful, and productive lives.

For the past five years, I have used the principals espoused in the CST philosophy to help children and families in Iron County jump some of the hurdles that otherwise would have paralyzed them. Together, as providers, parents and siblings, community members, and as schools, we have learned to work collaboratively in this community to meet these children's needs head on, to give the families tools to have voice in decisions that affect their children, access to supports and services throughout the community and state, and ownership in their plan for their family and child.

But, there is a cost to this process. Counties are not always able to support and absorb the cost to continuing this process once the funding for this five-year process has expired. It takes time to build an infrastructure that allows for these children to continue to be treated, educated, and embraced by the community. The cost reflects not only service coordination and new supports and services that these

children and families need, but the continued training and education needed by all community members to embrace these children and allow them the opportunity to grow up, work, and contribute as adult members of this community.

Please support AB 700 for Wisconsin's children.

Sincerely,

**Pam Snyder
550 South 7th Ave.
Park Falls, WI 54552
(715) 762-3539
plsnyder@charter.net**

**CC: Representative Carol Owens, Chair, Assembly Committee on Children and Family Law
Representative Steve Kestell, Chair Strengthening Wisconsin Families**